

## FY12 PATH Annual Monitoring & Site Visit Report

PATH Provider Name:

Site Visit Date(s):

### 1. Site Visit Monitoring Tool

- ☐ Completed, Prior to Site Visit by Provider  
☐ Not completed as a part of site visit

☐ Completed, During Site Visit

Findings:

\_\_\_\_\_

### 2. Interviews with PATH Program Administrator and Direct Care Staff

☐ Completed

☐ Not completed as a part of site visit

Findings:

\_\_\_\_\_

### 3. Contract Performance

☐ Met Contract Expectation

☐ Did Not Meet Contract Expectation

Findings:

\_\_\_\_\_

### 4. Consumer Focus Group

☐ Completed

☐ Not completed as a part of site visit

Findings:

\_\_\_\_\_

### 5. Clinical Record Review

☐ Completed

☐ Not completed as a part of site visit

Findings:

\_\_\_\_\_

### 6. Recommendations for Improvement (*program revision*) Based Upon Findings:

Findings:

\_\_\_\_\_

### 7. PATH Service Continuation Recommendation:

- ☐ Met Expectations and Continue Services Next Year.  
☐ Met Expectations and (*with program revision*) Continue Services Next Year.  
☐ Did Not Meet Expectations and Not Continue Services Next Year.